

MyChart Application for Adolescent Patients – Age 12-17 *(required for an adolescent to get their own MyChart account)*

Completing this form allows an adolescent patient to access all of their health records via MyChart. The patient understands that BJC/Washington University may revoke access to MyChart at any time deemed appropriate. Please complete this form and return it to a staff member who will provide you with a MyChart account activation code, or fax to the BJC HIM MyChart Proxy Office at 314-273-0394, or email to gs-MyChartProxy@bjc.org.

STAFF: Upon receiving a completed application form from the patient, please generate a MyChart activation code for the patient's use only. Refer to the "MyChart Activation" tip sheet for instructions.

PATIENT'S INFORMATION

Name of patient (first, middle, last) _____

Patient's address _____

City, State, ZIP code _____

Patient's phone number _____ Patient's date of birth _____

Patient's email (must be the patient's personal email) _____

Patient's Social Security number (required for account creation) _____

Patient's signature _____ Date _____

PATIENT'S HEALTH CARE PROVIDER MUST ATTEST AND SIGN BELOW

By signing this form below, I attest that I am the established primary care provider of, or a health care provider in an ongoing/continuous treatment relationship with, the patient identified above. I have counseled the patient identified above regarding this form and the meaning of this request, including proxy access. I discussed the following with the patient:

- The patient's account is for their use only. The patient should never give their username or password to anyone.
- If the patient wants another individual (including their parents/guardians) to have access to their MyChart account, they should grant proxy access to that individual.
- If proxy access to the patient's account is appropriate, the patient has the right to revoke access (including parental/guardian access) at any time by logging in to their MyChart account.
- The patient understands that their parent/guardian can see diagnosis and treatment information related to private medical issues through proxy access.

Approving provider's signature: _____ Date: _____

Approving provider's name: _____ Office phone: _____

Office name, address, fax: _____

Want to learn more? Go to mypatientchart.org and click on the "FAQs" link at the bottom of the page.